

Berkeley Athletic Fund (BAF) Application for Requisition/Grant Request

Check the appropriate box

- Requisition.** This is a request for Athletic Director approval of expenditure from a **Restricted Team Fund**. Complete this form electronically and email as an attachment to the BHS Athletic Director AthleticDirector@berkeley.net. After review, the approved form will be sent to the BAF Treasurer for payment.
- Grant Application.** This is an application for a **Grant** from the **BAF General Fund**, requiring BAF Board approval. Submit *at least 3 weeks* before the next BAF board meeting. Complete this application electronically and email as an attachment to the BHS Athletic Director AthleticDirector@berkeley.net. The Athletic Director will make a recommendation to the BAF. The BAF Board will review and vote on the grant application at its monthly meeting (usually second Monday of each month). A coach or a team representative present at the meeting can explain and answer questions about the grant application.

Coach/Requested by:

Sport:

of players on team:

Phone:

Email:

Best way to contact:

Provide a brief rationale for request from Restricted Team Fund, or for BAF Grant:
Describe the items/expenditure:
(Must be specific and attach invoices or receipts)
Vendor Name/Address/Website

Qty

Item
Cost

Total Cost

Total Request
\$
Check/payment should be made out and sent to:

- Direct to vendor(s) or service provider(s) per the above;
- Reimbursement to Coach or other team representative, as follows:

Name:

Street:

City, State, Zip:

Phone:

E-Mail:

If this person is not the Team Coach, please specify the person's relationship to the team, e.g., parent, etc.:

Please briefly describe your team's fundraising events planned for this year:
Submitted by (Coach Signature): (email cover ok) **Date:** _____

Approved by (A.D. Signature): (email cover ok) **Date:** _____

Person responsible for inventory and the return of uniforms and/or equipment:

Name:

E-Mail:

Phone:

Storage location (if not at BHS):
BAF Use only:

Received on: _____ By: _____ Check date: _____ Check/Tx #: _____ Team Fund Balance: _____